



# Authorization For Release of Information

TO: Any Law Enforcement Agency, U.S. Armed Forces, Maritime Services,  
Veterans Administration; or

Any Academic Dean, Registrar, Principal, Guidance Counselor, other  
authorized person at school (college, business, trade or high school); or

Any past or present Employer, the U.S. Selective Service System; or

Any other person or agency deemed necessary by the City of Eau Claire.

I, \_\_\_\_\_ (name),  
\_\_\_\_\_ (Street Address),  
\_\_\_\_\_ (City, State, Zip Code),

have applied for employment with the City of Eau Claire Police Department. I am  
aware that a thorough investigation of my entire background is to be conducted.  
I hereby authorize and request the release of any and all information you have  
concerning me (including a transcript of any academic record or any law  
enforcement record) to the Police and Fire Commission or its agents upon  
presentation of this release or copy hereof.

I release all parties concerned from any damages or liability relating to the  
release of information.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Signature